

OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION

AG FORM #208 1/05

STATEWIDE TOLL FREE 1 800-551-4636

CONSUMER INFORMATION

Name _____
Please Print or Type *Last* *First* *Middle Initial*

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day: (____) _____ Evening: (____) _____ E-mail address: _____

In order to process your complaint, the Attorney General's Office will send a copy of your complaint to the complained of business. Do you want the Attorney General's Office to send this business a copy of your complaint? **Yes** ☐ **No** ☐

I understand that if I answer No, the Attorney General's Office **will not process** this complaint. Additionally, if I answer Yes, I understand my complaint and any related documents I have submitted will become "public record." Under state law, public records are subject to public records disclosure requests. Under some circumstances, my complaint and related documents may therefore be seen by other people.

BUSINESS INFORMATION

Name of business you are complaining about: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Toll-free number: _____ E-mail address: _____

Name of Owner or Manager (if known): _____

Names and addresses of any other businesses involved in your complaint: _____

Item or service purchased: _____

Cost of item or service: _____ Did you sign a contract? _____ Date of transaction: ____/____/____

Salesperson's name: _____

Was an advertisement involved? _____ Date and source of advertisement: _____

(Please send a copy of the advertisement if it is available.)

ABOUT YOUR COMPLAINT

Have you complained to the business? Yes ☐ No ☐ If YES, to whom: (and their position) _____

What response did you receive? _____

Have you filed a complaint about this business with the Attorney General's Office before? Yes ☐ No ☐ If Yes, list the file number _____Have you contacted a private attorney? Yes ☐ No ☐ If YES, identify the name and address of the attorney: _____Is there a court or other legal proceeding pending? Yes ☐ No ☐ If YES, please explain: _____

[illegible]

Refund	Deliver Product	Perform Service	Other
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<u>Bellingham:</u> Island, San Juan, Skagit and Whatcom 103 E. HOLLY, SUITE 308 BELLINGHAM, WA 98225-4728 (360) 738-6185 fax (360) 738-6190	<u>Seattle:</u> North King, Snohomish, Clallam and Jefferson Counties and Bainbridge Island 900 FOURTH AVENUE, SUITE 2000 SEATTLE, WA 98164-1012 (206) 464-6684 fax (206) 464-6451	<u>Tacoma:</u> Pierce, Mason, Grays Harbor, Kitsap, and South King County PO Box 2317 TACOMA WA 98401-2317 (253) 593-2904 fax (253) 593-2449
<u>Spokane:</u> Eastern Washington 1116 WEST RIVERSIDE SPOKANE WA 99201-1194 (509) 456-3123 fax (509) 458-3548		<u>Vancouver:</u> Clark, Cowlitz ,Pacific, Skamania, Wahkiakum, Lewis, and Thurston Counties 1220 MAIN STREET, SUITE 549 VANCOUVER WA 98660-2964 (360) 759-2150 fax (360) 759-2159
PLEASE TYPE OR PRINT. This form should be returned to the address nearest to you. After your complaint is received, you will be contacted by mail regarding assignment of your complaint.		Please include copies of related documents. SEND COPIES ONLY - DO NOT INCLUDE ORIGINAL DOCUMENTS!

I declare, under penalty of perjury under the laws of the State of Washington, that the information contained in this complaint is true and accurate, and that any documents attached are true and accurate copies of the originals.

Signature	Date	City and State where signed
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